

Minutes of the Health and Human Services Board Meeting

Monday, July 22, 2008

Board Members Present: Citizens Members Dennis Farrell (Chair), Flor Gonzalez, Mike O'Brien, Dr. Peter Parthum, Joe Vitale, JoAnn Weidmann, County Board Supervisors Janel Brandjen, Jim Jeskewitz and Duane Paulson. **Absent:** Jim Behrend

Others Present: Health and Human Services Director Peter Schuler, Health and Human Services Deputy Director Don Maurer, Public Health Manager Dr. Nancy Healy-Haney, Public Health Supervisor Irene Ridgeman, Public Health Advisory Committee Chair Sue Konkell, Administrative Services Division Manager Russ Kutz, Accounting Services Coordinator Cynthia Lilley, Financial Analyst William Duckwitz, and Legislative Policy Advisor Mark Mader.

The meeting was called to order at 8:33 a.m.

Pledge of Allegiance

Public Health Division

Dr. Nancy Healy Haney, Manager of the Public Health Division began her presentation of the 2009 proposed budget by reviewing the Fund Purpose and Summary page followed by the Strategic Outcomes and Objectives. When asked by Farrell to explain the three Levels of Public Health, Dr. Healy stated that Level I must maintain a minimal level of services that are statutory in nature including all communicable disease control, some maternal and child health issues, preparedness and minimal chronic disease control. A Level II, which is what this Public Health Division is, has the same requirements as a Level II but must also include 7 additional tax supported programs which then allows for allocation of funding from the Centers for Disease Control. Level III also includes the same requirements as Level I but must include 14 additional programs and a more expansive array of public health services for local residents.

Schuler stated that it is an issue of resources that prevents us from becoming a Level III Public Health Department. Local tax levy must be raised in order to become a Level III. We are at the bottom edge of Level II. The State of Wisconsin ranks 48th in the county moving toward 49th this year, in terms of base funding to support anything in public health either at the state or local level. Public Health has increasingly depended on outside grants to run their department. At this point our goal is to keep hanging on as a Level II as long as we can maintain and document our programs.

Dr. Parthum asked if, during a foodborne outbreak, do we utilize the services of the Environmental Health Division? Dr. Healy replied that we do and Parthum asked if there would be any benefit if that division becomes part of Public Health. Schuler stated that there are other jurisdictions where Environmental Health is not part of Public Health. Under the current operation, Environmental Health is part of the Parks and Land Use Department and presents its budget to the Parks and Land Use Committee. Schuler gave a brief explanation of the history behind this. There was some discussion of Environmental Health and Public Health and how their departments do cross. Dr. Parthum stated that Environmental Health is not just the environment, but also health and felt that in order for us to fulfill our duties as a health board we would have to have something to do with Environmental Health. Weidmann stated that we have a legal responsibility under the statutes to look at the health component and make sure there are adequate resources to fulfill their obligations. If the HHS Board, as the body responsible by

statute for Public Health review at the local level, for example didn't know about sanitarians being abolished, unless the press got wind of it, the Board might never know that and we should have some knowledge of their budget.

Paulson asked about Objective 9 and what is meant by "build a public health infrastructure..." - does Public Health have something that is going to be changing or increasing their infrastructure? Dr. Healy responded that Public Health is required to build capacity under the preparedness grant to comply with their objectives. They have to carry out exercises to build capacity in the event of an outbreak so that it can be responded to in a timely manner. They must have documented evidence of improvement in capacity to respond, whether its an exercise, risk communication, competency of staff, etc. otherwise the division cannot take the funding under the preparedness grant. They have to produce the evidence that we took the money and met the performance objectives of the grant. The state will return again this year in August and again next February to review all our documentation.

Administration

Dr. Healy reviewed the program description, budget numbers, program highlights and activities. In the activities area, she mentioned that some management staff attended a CDC training on the National Public Health Performance Standards Pilot and you will receive an invitation to participate in this pilot sometime in October.

Child Health

Dr. Healy reviewed the program description, budget numbers, program highlights and activities.

Maternal Health

Dr. Healy reviewed the program description, budget numbers, program highlights and activities. She reviewed all the statistics on the second page regarding child and maternal health issues.

Women, Infants, Children Nutrition Program (WIC)

Dr. Healy reviewed the program description, budget numbers, program highlights and activities. This program has been in the county for over 20 years and has been very successful. Schuler stated there is adequate federal funding here and because of the constant turnover of the part-time staff in this program, which adversely affects their ability to serve the state required numbers for Waukesha County, they are requesting a permanent position for this program. The request has been submitted to the County Executive. If approved it would increase the position count by 1 and the personnel cost line. There is no local county money for this position as it is a federal grant. Paulson asked why we didn't build this position into the budget, Schuler stated that we did not include it because it has not been approved yet. Paulson stated that he believes the board should be voting on this because this is the last time they will see this budget. Maurer explained that there is no local funding needing to be added, this is strictly grant money and that the board could add it as an item of support to their eventual communication to the County Executive following the review of the Health and Human Services budget. Paulson asked that this be placed in the letter. Dr. Healy explained based on a question asked by Vitale, that if this position is approved, the total personnel county for the WIC area will be 5 full time positions instead of 4 and .32 on-call staff. This would favorably impact the turnover rate, which has involved 12 different staff over the past five years filling this 1.39 position so one permanent full time employee and fewer on-call help would lend a stability to the workflow. These grant funded positions are usually designated as sunset positions which mean they are grant supported and if the grant goes away so does the staff. However, we've had WIC in this county for over 20 years now so we don't see that ending anytime soon. Parthum feels it should be noted on these

budget pages that this is all covered by a federal grant and no Waukesha County tax levy. Maurer stated that the format of the county budget would clearly indicate this, but wording could be added to the highlights noting that the revenue consists of federal grant money. Schuler stated that we can add this as a footnote and he would consider this an allocation.

Chronic Disease Prevention and Control

Dr. Healy reviewed the program description, budget numbers, program highlights and activities. The activities in this section are reduced because of the reduction of personnel in this area as they needed to be deployed elsewhere. They will be screening less people at community health fairs, blood pressure screenings, glucose screenings, etc. They are as available as in the past to participate in the community events given the staffing realities.

Communicable Disease Control

Dr. Healy reviewed the program description, budget numbers, program highlights and activities. Weidmann asked about the reduction of immunization clinics, one in Menomonee Falls, Mukwonago and one morning clinic at Public Health in Waukesha. She stated it is the role Public Health to maintain the status of immunizations in this community and she would like to know how that will be accomplished with less clinics. Dr. Healy stated that immunization clinics are available but not as accessible. Maurer stated they had to look at areas in the budget that could be reduced, and they are not cutting the immunizations themselves but the degree of accessibility for clients. Weidmann would also like to see it stated in the letter to the County Executive about the Board's concerns for the health and safety of the children in our community if we keep cutting immunization services. Some members of the Board feel that if the clinics are not accessible and convenient, a number of people will not go. Dr. Healy stated that the county does immunize approximately 1/3 of the children in this county. Dr. Healy also discussed the involvement of Public Health during the measles and rubella outbreak in April and May of this year.

Sexually Transmitted Infections

Dr. Healy reviewed the program description, budget numbers, program highlights and activities.

Community Health and Disease Surveillance

Dr. Healy reviewed the program description, budget numbers, programs highlights and activities. In this area, Public Health was called upon to help staff the FEMA Disaster Recovery Center during the floods of this past June and July. Weidmann stated that even though the Influenza Pandemic Grant is being terminated and there is a reduction of the Public Health Preparedness Grant, the work does not decrease with the funding. Public Health is still expected to reach out to the local community in order to continue with emergency preparedness. They must still maintain their competency in Incident Command and without ongoing training funded by the Preparedness Grant, it will be difficult to do so. These reductions are going to impact what can be done to protect the health of the citizens.

MOTION: Vitale made a motion seconded by Paulson that the board supports the changes in personnel in the WIC program. All voted and the motion passed 9-0. Paulson suggested that an ordinance be presented to the Personnel Committee for the remainder of the current year, before the budget is passed to avoid doing an amendment to the budget later. Schuler will write up whatever is necessary to add on to an already existing position request saying that the Board would like to move forward with this immediately. Since this is outside the budget cycle it would take an ordinance.

MOTION: Vitale made a motion seconded by Jeskewitz to accept the proposed budget of the Public Health Division. The motion was voted on and passed 9-0.

Administrative Services Division

Russ Kutz, Manager of the Administrative Services Division presented the proposed 2009 budget. He reviewed the program description, budget numbers, and program highlights. The revenue from the state remains at the same funding level of \$180,442 for Wisconsin Medicaid Cost Reporting. Maurer explained that about five years ago when the state had a significant budget deficit, they asked that counties agree to temporarily freeze the dollars coming to us through the Community Services Deficit Reduction Benefit (CSDRB) and the Community Based Medicaid Claiming (CBMAC) programs at the 2002 level and this was promised to be a 2 year sunset in the state budget. Counties agreed to do this although struggling with it. However, in the end the Governor's budget eventually removed that sunset clause and while DHFS could end that program without legislative fix, and the counties could go back to receiving their money through CSDRB, the state has not put this back into the state budget because of their own deficits. This is still a sore subject and you may be hearing about this in the future as counties attempt to get this funding back. This is a \$10 million budget item for the state.

MOTION: Weidmann made a motion seconded by Vitale to approve the proposed budget of the Administrative Services Division. The motion was voted on and passed 9-0.

Long Term Care

Jack Bodien presented the proposed 2009 Long Term Care budget. The budget is being reduced by \$24 million due to the implementation of Family Care in Waukesha County. What is left in the Long Term Care budget for 2009 is adult protective services and some charges in the developmental disabilities area. There is also a big reduction in staff in this division as most of the remaining staff will have transferred to the ADRC by the end of 2008. He reviewed the Strategic Outcomes and Objectives for 2009.

Adult Protective Services/Community Care

This program will remain intact and they have added 2 staff to this area because the Access unit in the Intake and Support Services will no longer be taking the initial referrals. We had a clinical social worker in the Access unit who would do all the initial work on abuse and neglect referrals and this person has been moved to adult protective services and that position shift is reflected here. Also reflected is a transfer of a position from Child and Family Services Division to this unit to address the increased workload arising due to increased ADRC activities, and a group of clients who have disabilities but will not be eligible for Family Care, but remain county responsibility. Bodien then reviewed the budget numbers. The general government revenue increased because of the additional cost to care for those individuals not eligible for Family Care. This is basic county allocation money earmarked strictly for these individuals. Bodien reviewed the budget figures and program highlights as well as the activities area. The number of WATTs reviews is increasing due to the addition of the developmental disabilities clients.

Developmental Disabilities Services

Expenses and revenues in this area went down almost \$9 million as a result of transferring individuals to Family Care. General government revenue and fund balance appropriation and tax levy remains but is offset by the operating expenses of \$3,896,194 which is primary the county contribution requirement for the expansion of Family Care. Bodien reviewed the program description, budget numbers, program highlights and activity area. Maurer brought up the recently learned about ICFMR challenge, and noted that the Department just learned of the

number of clients that we are looking at and what Clearview had in mind. He stated this would cost somewhere between \$300,000 and \$400,000 that the department would have to come up with (not part of the budget now) for those individuals in Clearview. Bodien explained that one of these clients has been there for over 20 years. These are individuals that require either skilled nursing care or intermediate care facility services and no other facilities would take them. Most of these individuals can't simply be moved to another facility because there are not many facilities who would even consider taking them because of their challenging behaviors and needs. Those clients presently on brain injury waivers and CIP 1B waivers are all being transferred to the Managed Care organizations. Adjustments will be made to the budget by the time the County Executive's budget is released to accommodate this recent development.

Community Integration/Options Services

Bodien reviewed the program description, budget numbers, program highlights and activity. He explained that everyone in this area is being transferred to Family Care. The COP money used for serving the people in this area was budgeted here, but Clinical Services Division would provide the services. Now the money is being transferred from this budget to cover those individuals remain in the Clinical Services budget. Bodien also stated that the waiting list for persons with developmental disabilities, physical disabilities and the frail elderly will be gone by July of 2010. It is the responsibility of the ADRC to provide option counseling for all new applicants and to determine functional and financial eligibility. Part of this counseling includes discussion regarding Family Care benefits. If they choose, we would make the arrangements to enroll them at the ADRC or they can stay on their card. There was some discussion about Clearview and the pros and cons of attempting to move those eligible to Family Care. In some cases this could become very costly for the care management organization if some of these individuals need to be placed in institutional settings once again.

MOTION: Paulson made a motion seconded by Jeskewitz to approve the proposed Long Term Care budget. The motion was voted on and carried 9-0.

MOTION: Paulson made a motion seconded by Jeskewitz to remove from the table the discussion regarding the AODA Counselor position from further review. The explanation staff gave yesterday answered a number of questions regarding the addition of this position. This will be left out of the letter to the County Executive. The motion was voted on and carried 9-0.

MOTION: Paulson made a motion seconded by Jeskewitz to approve the proposed budget as presented. The motion was voted on and carried 9-0.

Recap and Summarization

At this time board members discussed those areas in the budget that should be brought to the attention of the County Executive in their letter to him following these budget presentations. Those areas include their support for the creation of a permanent WIC dietician position to be explored now instead of waiting until 2009. They also expressed their concern of the loss of three immunization clinics, numerous child respite care reductions, the unfunded AODA counselor position, and the loss of the CJCC homeless grant, which could result in the loss of contracted staff in the jail to service inmates. Board members are not asking that other program reductions be made in order to fund the above, but in the event there is some additional funding, they would like these areas addressed. The chair will compose a letter to the County Executive indicating the Board's review and requests for consideration by the County Executive.

MOTION: Brandtjen made a motion seconded by Gonzalez to accept the entire proposed budget. The motion was voted on and passed 9-0.

Adjournment

MOTION: Jeskewitz made a motion seconded by Brandtjen to adjourn the meeting. The motion was voted on and passed 9-0. The meeting adjourned at 12:46 p.m.

Minutes recorded by Kathy Leach

Approved on 12-4-08